STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a Medicare recertification Life Safety Code (LSC) survey conducted at your facility on 1/27/15. Your facility was surveyed using the CMS 2786R Fire Safety Survey Report using "NEW" Health Care criteria, and corresponds to the National Fire Protection Association's (NFPA) 101 (LSC) 2000 edition. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	K 000		
K 039 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes is at least 8 feet. In limited care facilities and psychiatric hospitals, width of aisles or corridors is at least 6 feet. 18.2.3.3, 18.2.3.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure corridor width was maintained at 8 feet.	K 039		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 02/13/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 039	Continued From page 1 Findings include: On 1/27/15 at approximately 1:30 PM, there were 2 Hoyer lifts stored on the 100 Hall next to Room 115, reducing the corridor to approximately 5 feet in width. The Administrator and the Head Maintenance Employee were present during this observation, and verified the Hoyer lifts were being stored in the corridor.	K 039		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 This STANDARD is not met as evidenced by: Section 18.7.2.2: A written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms. (2) Transmission of alarm to fire department. (3) Response to alarms. (4) Isolation of fire. (5) Evacuation of immediate area. (6) Evacuation of smoke compartments. (7) Preparation of floors and building for	K 050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 2 evacuation. (8) Extinguishment of fire. Section 18.7.2.3: All health care occupancy personnel shall be instructed in the use of and response to fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following conditions: (1) When the individual who discovers a fire must immediately go to the aid of an endangered person. (2) During a malfunction of the building fire alarm system. Based on observation, interview, document review, and policy review, the facility failed to ensure there was a consistent and effective communication system in place in the event of a fire in accordance with facility policy. Findings include: On 1/27/15 the Administrator, the Plant Operations Manager, the Head Maintenance Employee, and one Maintenance Staff Member indicated the facility used 2-way radios to communicate with each other during a fire drill and did not use an overhead paging system. They indicated that not all employees at the facility were provided with the 2-way radios, only some of the nurses, maintenance employees, and department heads. They further indicated the radios had 2 channels: Channel 1 was the channel used for communication by the Maintenance Department, and Channel 3 was the channel used for communication by the Nursing Department. The Maintenance Department and the Nursing Department were not automatically made aware if	K 050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 3	K 050		

it was verbalized on one of the channels that there was a fire or other safety emergency.

They indicated it was the practice that the front lobby receptionist (the Concierge) had both channels available simultaneously on 2 radios, and was the individual responsible for notifying the Maintenance Department and the Nursing Department if a fire emergency was announced. However, on 1/27/15 in the afternoon, the Concierge indicated she only had one radio, which was only privy to only one channel at a time.

The Plant Operations Manager indicated there were no code words used.

The Head Maintenance Employee indicated the following procedures for a fire drill: One of the maintenance employees triggers the alarm by pulling on a manual pull station. The nurse reads the alarm panel and puts it (the location or zone of the fire) out on the 2 way radio. Two to three people come to the desk with fire extinguishers. The maintenance staff do the 'All Clear' after everything has been checked, and then let the nurses know, by personally going to the nurses at each nurses' station, that it was just a drill and not a fire.

On 1/27/15 at approximately 3:30 PM, a fire drill was conducted. The manual fire alarm pull mechanism was triggered. The fire alarm sounded. There was no audible announcement heard identifying a fire emergency and / or the zone in which the fire alarm was triggered.

On the second floor, there were several staff members throughout the unit who were not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD** **LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 4 carrying 2-way radios. These staff members appeared confused on how to act, and verbalized they had to cross through the smoke barrier doors to get to the Nurse's Station to find out where the fire was located. There was no announcement the fire drill was cleared. The fire alarm was triggered a second time. The Director of Nursing (DON) called a "Code Red" by using the 2-way radio. After the alarm was reset the DON then called a "Code Red, All Clear" by using the 2-way radio. The DON indicated nursing staff usually used the 2-way radios to announce a fire alarm ("Code Red") but she wasn't sure what the Maintenance Department did. The DON indicated they did have an overhead paging system, but were trained to only use the 2-way radios in case of a fire or other emergency. The Fire Drill Monitoring Forms indicated there was staff confusion and the staff needed increased communication for three of the following 12 fire drills conducted within the last 12 months: -2/22/14: "Residents / Staff reactions to drill: Confuse. Evaluation: Only 3 people showed up to desk. No one came from second floor." -4/30/14: "Staff could benefit from communications training i.e. reporting locations during drill." -10/30/14: "Communications need improved." The following policies were reviewed, which indicated, in part: "Fire Plan," dated 4/2012, "Policy: The	K 050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 5	K 050		

organization has procedures and a plan to effectively manage fire safety and to direct the reaction in case of fire...Procedure: (Name of facility) will ensure:
-There is a facility-wide response to any risk of fire...
-That adequate means of giving warning in case of fire exist and will be maintained in efficient working order.
-That appropriate instruction will be given to all persons on the premises on evacuation procedures away from the fire...
...(Name of facility) will further ensure: Upon discovery of a fire, a fire alarm pull station will be activated to sound the fire alarm. The staff member will relay location information to all buildings by calling concierge desks in Independent Living, Assisted Living & Skilled Nursing buildings. The fire doors for each floor will automatically dis-engage and close isolating the floor and creating a smoke barrier. This barrier must not be broken unless authorized to do so by the fire department...A. Detection and Reporting 2. Alarm. Sound the alarm...Call 'Code Red' and the location on the paging system...B. Notification. Upon notification of 'CODE RED' or sounding of the fire alarm: 1. Check the fire enunciator panel to retrieve fire location information. 2. Notify all employees using the phone system. Announce 'Code Red (Name Fire Location)', 'Code Red (Name Fire Location)', 'Code Red (Name Fire Location)'...e) Upon determination by the Administrator, Safety Officer or designee, 'Code Red All Clear' will announced (sic) via overhead paging system. Fire alarm will then be silenced."

"Conducting a Fire Drill," dated 4/2012:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 6 "Procedure: 2. Pull alarm in desired area...5. Alarm should be silenced during announcement of fire location...8. When head count is complete and the problem has been cleared, give 'All Clear'..." On 1/27/15 at approximately 5:00 PM, the Administrator provided a copy of the All Hazards Emergency Response Plan (2013), which indicated, in part, "Emergency Codes: (Name of facility) utilizes standard event specific codes for announcement. All staff are trained about these codes upon hire and then annually...Code Red: Fire - All: This indicates there is a fire. The policy and procedure related to this code is in the fire and safety manual and will be followed. Announce location..."	K 050		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This STANDARD is not met as evidenced by:	K 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 056	Continued From page 7 8.14.7* Exterior Roofs or Canopies. 8.14.7.1* Unless the requirements of 8.14.7.2 or 8.14.7.3 are met, sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in width. 8.14.7.2 Sprinklers shall be permitted to be omitted where the canopy or roof is of noncombustible or limited combustible construction. 8.14.7.3 Sprinklers shall be permitted to be omitted from exterior exit corridors when the exterior walls of the corridor are at least 50 percent open and when the corridor is entirely of noncombustible construction. 8.14.7.4* Sprinklers shall be installed under roofs or canopies over areas where combustibles are stored and handled. Based on observation and interview, the facility failed to ensure an exterior canopy attached to the building was equipped with automatic sprinklers. Findings include: On 1/27/15 at 1:30 PM, there was a canopy located at the back patio attached to the building at the exterior of the First Floor Main Activity Room. The measurements of the canopy were 21 feet in width, 21 feet in length, and the height spanning from 8 feet to 9.5 feet. The canopy was not equipped with an automatic sprinkler system. The Head Maintenance Employee indicated the canopy was built approximately 6 months prior to the survey. The Head Maintenance Employee did not have the specifications for the canopy, and did not know what the structure was made of. The structure appeared to have a plastic bracing	K 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 056	Continued From page 8 with a heavy fabric-type, combustible material. The Head Maintenance Employee indicated they were not aware of the requirement to equip the canopy with automatic sprinklers.	K 056		
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 18.7.4 This STANDARD is not met as evidenced by: Based on observation, interview, and policy review, the facility failed to maintain a consistent smoking policy.	K 066		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 066	Continued From page 9 Findings include: On 1/27/15, the Administrator and the Plant Operations Manager indicated there was a non-smoking policy, in which there were no designated areas for residents to smoke, and residents were not permitted to smoke. They further indicated there was a designated area for employees to smoke which was separated from the skilled nursing facility portion of the building (by the third floor service area by the Assisted Living Facility). On 1/27/15 in the afternoon, there was an ashtray with cigarette butts located on the patio behind the First Floor Main Activity Room. The Head Maintenance Employee, another Maintenance Employee, and the Administrator were present during this observation. The Head Maintenance Employee indicated the ashtray was used by residents to smoke on the patio. He indicated it was supposed to be a non-smoking building, but "If residents are gonna smoke anyway, we have to provide an ashtray so they can be safe." On 1/27/15 at approximately 4:00 PM, the Plant Operations Manager and the Administrator reiterated it was their policy that residents were not allowed to smoke and indicated there should not have been an ashtray available. The policy, "Smoking Policy," dated 4/2012, indicated the only designated smoking area was outside the south side of the third floor service area.	K 066		
K 108	NFPA 101 LIFE SAFETY CODE STANDARD	K 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 108 SS=D	Continued From page 10 Alarms, emergency communication systems, and illumination of generator set locations are in accordance with NFPA 70. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure there was illumination of the generator set location. Findings include: On 1/27/15 in the afternoon, there was no automatic light to illuminate the control panel of the generator at night. The Maintenance staff member verified there was no automatic light present at the generator and agreed it would be necessary to use a flashlight in order to turn the panel on in the darkness of night.	K 108		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Section 7.2.1.4. Swing and force to open. Any door in a means of egress shall be of the side-hinged or pivoted-swinging type. The door shall be designed and installed so that it is capable of swinging from any position to the full required width of the opening in which it is installed. Based on observation, the facility failed to ensure doors in front of one elevator were operable with reasonable effort.	K 130		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295086	A. BUILDING **01 - SNF** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM SNF	**10401 WEST CHARLESTON BLVD** **LAS VEGAS, NV 89135**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 130	Continued From page 11 Findings include: On 1/27/15 in the afternoon, the door in front of the elevator on the second floor was difficult to open and required significant force and effort to pull into the open position. The Director of Nursing (DON) initially attempted to pull the door open, but was not able to. The Inspector attempted to pull the door open, and after 2 attempts, was able to open it, but only with significant force. The Head Maintenance Employee was the only one who appeared to open the door easily.	K 130		